

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Received  
AUG 19 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0316  
Date: 9-14-16  
Amount Paid: \$759.8-16  
Refund: \$1009.14-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		DANIEL S. + VALERIE A. GERACI		Mailing Address:		1135 S. 93 <sup>RD</sup> ST.		City/State/Zip:		WEST ALLIS, WI 53214		Telephone:		414-777-0459	
Address of Property:		15310 WEST KERN LAKE ROAD		City/State/Zip:		DELTA, WI.		MASON ZIP		54856		Cell Phone:		262-424-4750	
Contractor:		GREGG B. OLSON		Contractor Phone:		715-331-9811		Plumber:		N.A.		Plumber Phone:		N.A.	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		N.A.		Agent Phone:		N.A.		Agent Mailing Address (include City/State/Zip):		N.A.		Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (25 digits)		04-016-2-46-07-28-2-03-000-10000		Recorded Document: (i.e. Property Ownership)		Volume		Page(s)			
SW 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 28, Township 46 N, Range 7 W		Town of:		DELTA		Lot Size		Acreage		40					
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If YES---continue →		Distance Structure is from Shoreline: feet		<input checked="" type="checkbox"/> Distance Structure is from Shoreline: feet		C&B/T/A Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material \$25000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?		Water				
					<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story		<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
					<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
					<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: SEPTIC	<input type="checkbox"/>
					<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input checked="" type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None					
BUNK ROOM FOR SLEEPING ONLY											

Existing Structure: (if permit being applied for is relevant to it)	Length: 30'	Width: 24'	Height: ~16'
Proposed Construction:	Length: 30'	Width: 24'	Height: ~16'

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	<input type="checkbox"/> with a Loft	<input type="checkbox"/> with a Porch	<input type="checkbox"/> with a Deck	<input type="checkbox"/> with Attached Garage
		<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/> with Attached Garage
		<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/> Addition/Alteration (specify)	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)
		<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/> Conditional Use: (explain)
		<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition/Alteration (specify)	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/> Conditional Use: (explain)
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Daniel S. Geraci Valerie A. Geraci Date 8-16-16  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

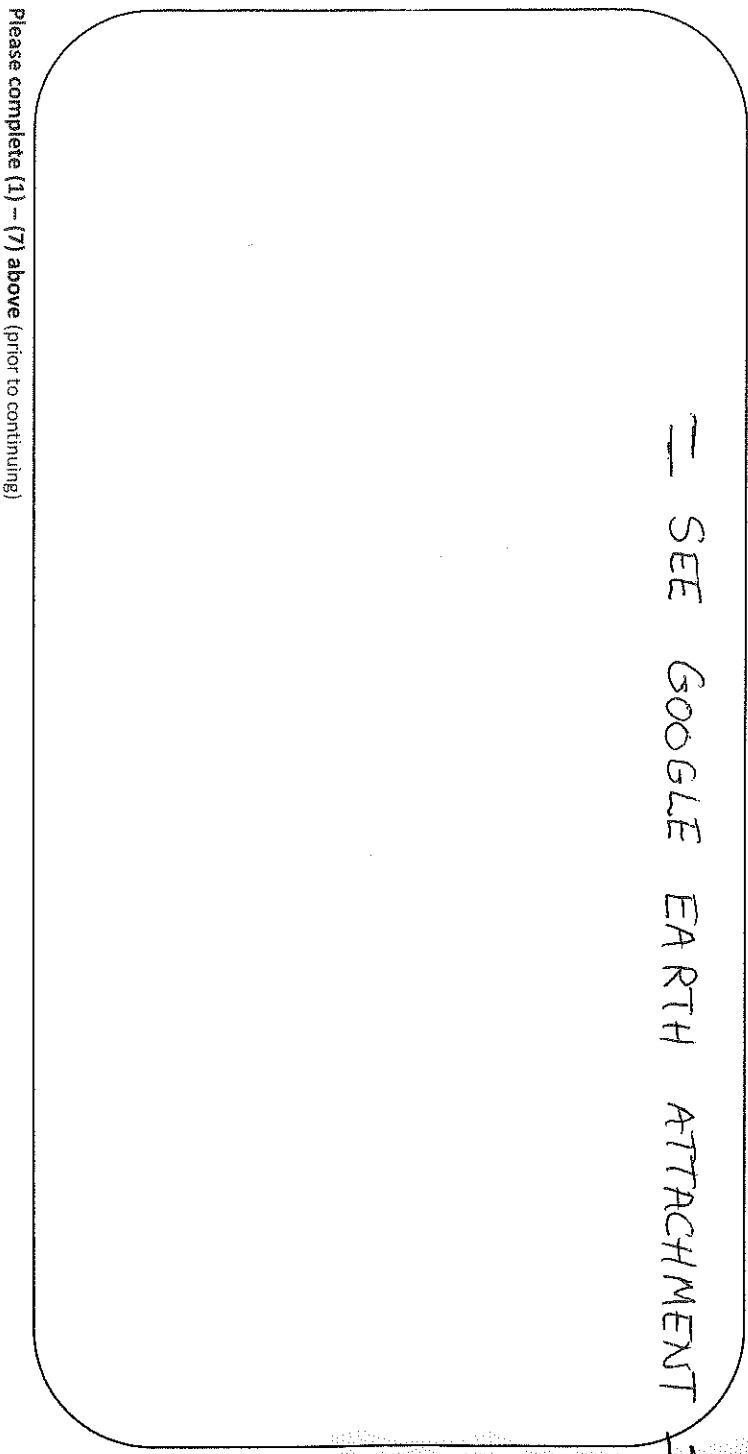
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 1135 S 93<sup>RD</sup> ST. WEST ALLIS, WI 53214  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

= SEE GOOGLE EARTH ATTACHMENT =



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	22.0 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	~ 160 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	~ 1160 Feet	Setback from Wetland	~ 100 Feet
Setback from the West Lot Line	~ 250 Feet	20% Slope Area on property	? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	~ 1070 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	43 Feet	Setback to Well	36 Feet
Setback to Drain Field	43 Feet	(CABIN IS AT 99.0' ELEVATION AS PER SEPTIC PERMIT)	
Setback to Privy (Portable, Composting)	110 Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0316		Permit Date: 9-14-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:						
Date of Inspection: 9-13		Inspected by: JRC		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
No other work permit						
Signature of Inspector: J. Reilly		Date of Approval: 9-14-16				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

Cummedy doesn't show pit privy only Septic.

1320'

BASS LAKE

FUTURE GARAGE/BUNK RM. SITE

WETLAND

SEPTIC

2 BEDROOM CABIN  
24' x 30'

OUTHOUSE

STORAGE TRAILER / WILL BE REMOVED  
WHEN GARAGE IS UP

Google earth

Google earth



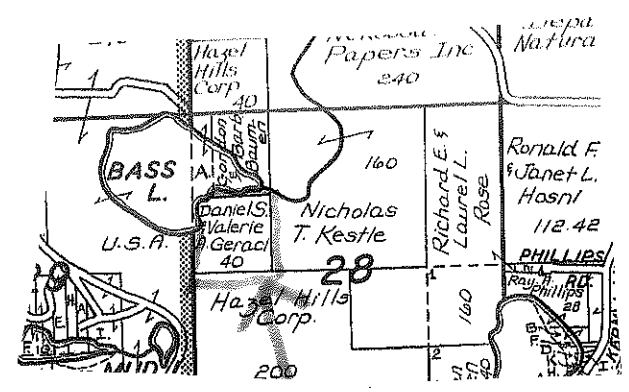
SEE SCALE FOR DISTANCE

DRIVEWAY

WELL  
X = PUMP

↑ NATIONAL FOREST  
↑ 1320'

PROPOSED GARAGE IS:  
55' FROM CABIN  
36' FROM WELL  
43' FROM SEPTIC  
36' FROM WELL  
~220' FROM LAKE



Combination lock on gate  
22-4-34

OW: DIRM  
Show Loc  
(1) Show / in  
(2) Show Loc  
(3) Show Loc  
(4) Show  
(5) Show  
(6) Show any  
(7) Show any

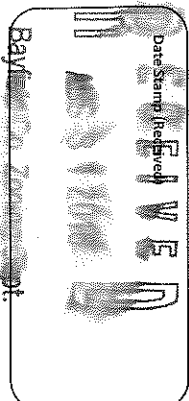
SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	116-0313
Date:	9-14-16
Amount Paid:	\$885
Refund:	9-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.



TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER				
Owner's Name: <u>John + Mary Thompson</u>	Mailing Address: <u>7567 Alpha Rd. Princeton, MN 55371</u>	Telephone: _____		
Address of Property: <u>10720 Cedar Crest Dr.</u>	City/State/Zip: _____	Cell Phone: <u>612-229-9653</u>		
Contractor: _____	Contractor Phone: _____	Plumber Phone: _____		
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-016-2-46-08-03-400143-01100	Recorded Document: (i.e. Property Ownership) Volume <u>11</u> Page(s) <u>57</u>	
	<u>LOT 2 CSM 18.55</u>	Gov't Lot _____ Lot(s) <u>18.55</u> CSM Vol & Page _____ Lot(s) No. <u>2</u> Block(s) No. _____ Subdivision: _____	Lot Size <u>65,550 sq. ft.</u> Acreage <u>1.58</u>	
Section <u>3</u> , Township <u>46</u> N, Range <u>8</u> W	Town of: <u>Delta</u>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet	
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <u>\$48,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input checked="" type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
		<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>40</u>	Width: <u>56</u>	Height: <u>22</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>570' x 56'</u>	<u>2,240</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with (2") Porch	( )	( )
	with a Deck	( )	( )
	with (2") Deck	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Secretarial Office	Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )
	Special Use: (explain)	( )	( )
	Conditional Use: (explain)	( )	( )
	Other: (explain)	( )	( )

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John + Mary Thompson Date 8/31/2016  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

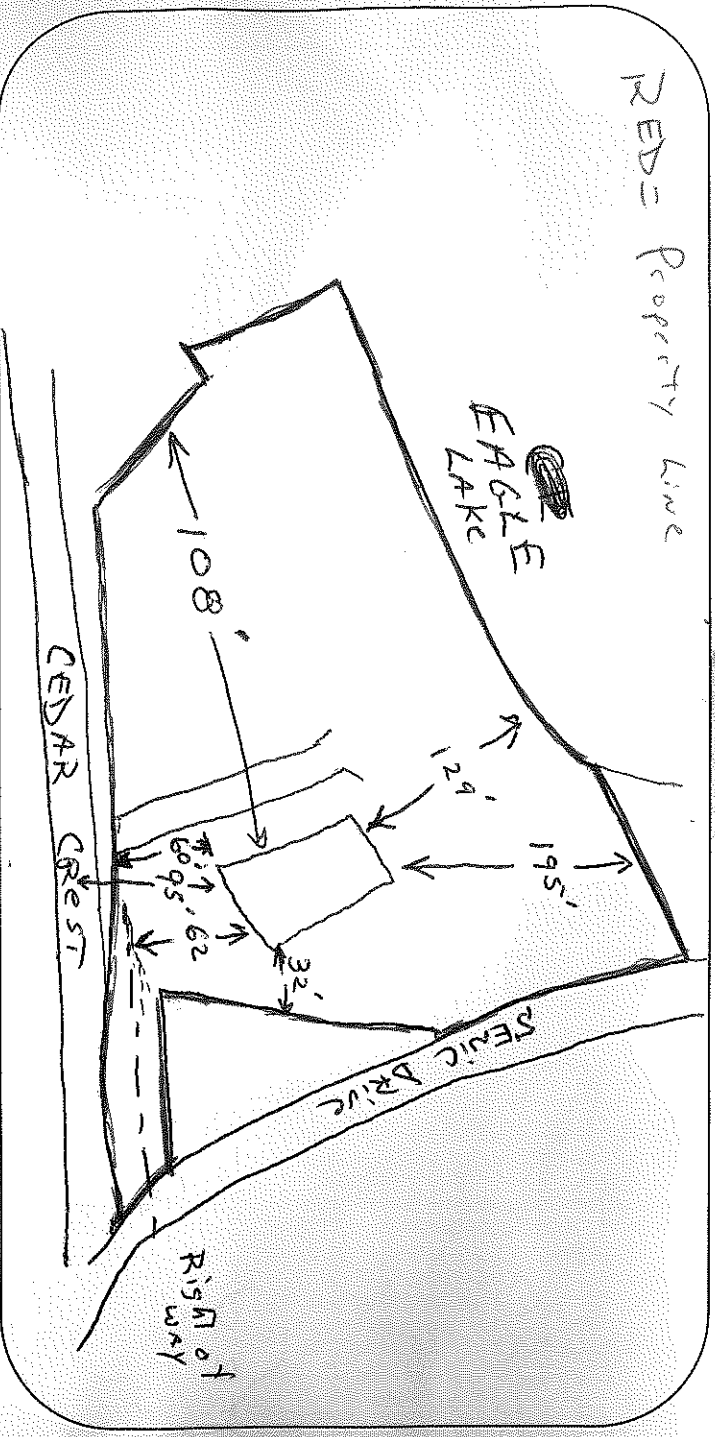
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed



the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	95 Feet	Setback from the Lake (ordinary high-water mark)	129 Feet
Setback from the Established Right-of-Way	62 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	195 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	60 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	108 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	32 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0313		Permit Date: 9-14-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Inspection Record: OK to fill & close		Zoning District (R6)			Date of Re-Inspection:
Date of Inspection: 9-13-16		Inspected by: [Signature]			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Must Maintain Setbacks Not for human habitation no water under pressure					
Signature of Inspector: [Signature]					
Date of Approval: 9-14-16					
Hold For Sanitary: <input type="checkbox"/> Hold For TBK: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>					